



Agency Name _____
Prepared By _____
Entered By _____
Date _____ Telephone # _____ Agency Control # _____
(MM/DD/YYYY)

JOB CONTROL TRANSACTION

Job Number	Job Description (30 characters)	Action:	New
			Modification
			Close
			Bill
Start Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)	Indirect additive type*	

* Indirect additive type: A=Special Appropriation F=Federal G=General H=Planning M=Maintenance S=State W=Other Direct X=Default Z=Other Federal

Billing Controls

Job Type:	Internal	External	Other	Billing Cycle:	Date Range	Acct Period	End of Job
Billing Type:	Manual	Automatic		Billing Level:	Provider	Grant	Project Job
Job Restriction:	Yes	No		Detail line billing option:	Default		
Seller Activity:	Yes	No	Default	Billing Acct Dist.:	Single	Multiple	

Maximum billing amount _____

Costing Controls

Costing method	Default	Direct Cost	Cost Plus
Costing object class	1 _____	Rate 1 _____	Exclude Objects 1 _____
	2 _____	Rate 2 _____	2 _____
	3 _____	Rate 3 _____	3 _____
	4 _____	Rate 4 _____	4 _____
		Default rate _____	5 _____

Seller Account	Fund _____	
	Agency _____	Revenue source/sub _____
	Orgn/sub _____	Reporting category _____
	Activity _____	Object/sub _____
	Appropriation unit _____	BS account _____
Buyer Account	Fund _____	Activity _____
	PO Agency _____	Object/sub _____
	Orgn/sub _____	Job number _____
	Appropriation unit _____	Reporting category _____

Agency Code

PO Number

PO Line Number

Provider

Grant

Project

Authorized Signature	Date	Entered By	Date
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